



DEPARTMENT OF ECONOMIC DEVELOPMENT

**FILM PRODUCTION TAX CREDIT PROGRAM  
LETTER OF INTENT (SECTION 137.750, RSMo)**

**Effective August 28, 2005, and pursuant to Section 620.1900, RSMo, this tax credit program is subject to a fee of 2.5% of the amount of tax credits issued. Applicants will be invoiced for the fee after the tax credit application has been approved. Tax credits will be issued upon receipt of the fee.**

**Taxpayer Information**

Name of Film Production Company		Telephone Number	Federal Tax I.D. Number
Address (Street, P.O. Box)		Fax Number	MTS/Missouri ID No.
City	State	Zip Code	NAICS Code
Name of Person Completing Application		Telephone Number	Fax Number
Address of Person Completing Application		State	Zip Code

**Taxpayer Type (circle one):**

Individual	C Corp	S Corp	LLC	Sole Proprietor	Partnership	Other: _____
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**Headquarters and Missouri Office(s)**

Headquarters Address	City	State	Zip Code
1. Other Facility Address (if different from taxpayer above)	City	State	Zip Code
2. Other Facility Address (if different from taxpayer above)	City	State	Zip Code

**Employment**

Number of current employees in Missouri:	
Number of current employees nationwide including Missouri employees:	
Projected number of Missouri employees during the project:	

Are any other State or Federal programs being applied for or utilized for this project?

**Yes**

**No**

If Yes, Identify the State and Federal programs being applied for or utilized:

**Project Type**

Check ONE of the following which describes this project's type of production:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Theatrical release feature film | <input type="checkbox"/> Broadcast network TV Movie of the Week | <input type="checkbox"/> TV Commercial    |
| <input type="checkbox"/> Cable TV film                   | <input type="checkbox"/> Broadcast network TV series            | <input type="checkbox"/> Documentary Film |
| <input type="checkbox"/> Cable TV series                 | <input type="checkbox"/> Broadcast network TV mini-series       |   |
| <input type="checkbox"/> Cable TV mini-series            | <input type="checkbox"/> Broadcast network TV pilot             |   |

Project Title

Production Personnel-list the full names of the key personnel associated with this production project:			
Director		Production Coordinator	
Executive Producer		Location Manager	
Producer(s)		Principal Actors/Actresses	
Unit Production Manager			
Director of Photography			
Production Designer/Art Director			
Production Information			
Has financing been completed for this production project?		Yes	No
Has financing been authorized (“given the green light”) by the entity financing this production project?		Yes	No
Enter the date the production office is expected to be operating in Missouri (month/year):		/	
Enter the date of the first day of principal photography to occur in Missouri (month/year):		/	
Estimated number of days of principal photography in Missouri:			
Will you make this production available for a Missouri premiere?		Yes	No
Project Expenditures			
List your “below the line budget” expenses expected for this Missouri Project. <b>Include only your estimated costs for in-state expenditures, I.E. rental/purchase of Missouri equipment, materials, products and services, including but not limited to Missouri lodging, Missouri food, and Missouri labor (must be salaries/wages paid to Missouri residents only).</b>			
PROJECT ITEM	COST	PROJECT ITEM	COST
Missouri Labor Wages/Salaries	\$	Missouri Food/Restaurant Expenses	\$
Missouri Lodging Expenses	\$	Missouri Equipment Rental/Purchase	\$
Missouri Building(s) Rental	\$	Missouri Location Fees	\$
Missouri Contracted Services (Casting, Security, etc.: <b>itemize separately</b> )	\$	Missouri Materials Rental/Purchase (Set Construction, Wardrobe, etc.)	\$
OTHER PROJECT ITEMS	COST	OTHER PROJECT ITEMS	COST
<b>List below (attach separate sheet(s) if necessary):</b>		<b>List below (attach separate sheet(s) if necessary):</b>	
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
<b>TOTAL ESTIMATED MISSOURI PROJECTED EXPENDITURES</b>			<b>\$</b>
<b>TOTAL ESTIMATED PROJECT BUDGET</b>			<b>\$</b>

<b>Certification</b>			
<ul style="list-style-type: none"> <li>• I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.</li> <li>• I certify that the applicant does NOT employ illegal aliens and has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.</li> <li>• I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee, examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.</li> <li>• I attest that I have read and understand the Film Production Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).</li> <li>• I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.</li> <li>• I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.</li> </ul>			
Applicant Signature	Print Name	Title	Date
Notary Public Embosser Seal	On this _____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	State of _____		County (or City of St. Louis)
	Notary Public Name	My Commission Expires	Use Rubber Stamp in Area Below
	Notary Public Signature		
<b>MAIL ALL APPLICATIONS AND RELATED INQUIRIES TO: MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, 301 W. HIGH ST., ROOM 720, PO BOX 118, JEFFERSON CITY, MO 65102</b>			
<b>NOTICE TO THE TAXPAYER:</b> The approval of this letter of intent establishes the Taxpayer's eligibility to apply for these tax credits pursuant to Section 135.750, RSMo. This approval does not qualify the Taxpayer for the Film Production Tax Credits.			

DEPARTMENT USE ONLY		
<b>APPROVED:</b>	Up to \$ _____ in Missouri income or financial institution tax credits <b>may be issued subject to verification of this project's actual Missouri production expenses and Missouri economic benefit.</b> This approval is in effect until _____ (month/day/year) and may be renewed in 30-day intervals subject to the Department of Economic Development and Missouri Film Commission's approval.	
	DATE	DEPARTMENT OF ECONOMIC DEVELOPMENT DESIGNEE
	DATE	MISSOURI FILM COMMISSION DESIGNEE
<b>APPROVAL RENEWED:</b>	Up to \$ _____ in Missouri income or corporate franchise tax credits <b>may be issued subject to verification of this project's actual Missouri production expenses and Missouri economic benefit.</b> This approval is in effect until _____ (month/day/year) and may be renewed in 30-day intervals subject to the Department of Economic Development and Missouri Film Commission's approval.	
	DATE	DEPARTMENT OF ECONOMIC DEVELOPMENT DESIGNEE
	DATE	MISSOURI FILM COMMISSION DESIGNEE
<b>APPROVAL RENEWED:</b>	Up to \$ _____ in Missouri income or corporate franchise tax credits <b>may be issued subject to verification of this project's actual Missouri production expenses and Missouri economic benefit.</b> This approval is in effect until _____ (month/day/year) and may be renewed in 30-day intervals subject to the Department of Economic Development and Missouri Film Commission's approval.	
	DATE	DEPARTMENT OF ECONOMIC DEVELOPMENT DESIGNEE
	DATE	MISSOURI FILM COMMISSION DESIGNEE
<b>DENIED</b>	DATE	DEPARTMENT OF ECONOMIC DEVELOPMENT DESIGNEE
	DATE	MISSOURI FILM COMMISSION DESIGNEE